

IN THE DISTRICT COURT OF TIOGA COUNTY PENNSYLVANIA

UNITED STATES OF AMERICA; et seq.
Plaintiff (Petitioner)

CASE and/or DOCKET No.: 16-CV-01405

Sheriff's Sale Date: _____

V.

GAYLE L. THOMAS; et al.
Defendant (Respondent)

AFFIDAVIT OF SERVICE

SUMMONS & COMPLAINT

TYPE OF PROCESS:

I, DAVID S. SLUSSER, certify that I am eighteen years of age or older and that I am not a party to the action nor an employee nor relative of a party, and that I attempted to serve GAYLE L. THOMAS the above process on the 29th day of SEP, 2016, at 7:55 o'clock, AM, at 1080 MAPLE STREET SABINSVILLE, PA 16943, County of Tioga, Commonwealth of Pennsylvania:

Manner of Service:

By handing a copy to:

- ☐ An officer, partner, trustee, or registered agent of the Defendant organization who is not a plaintiff in the action*
- ☐ The manager, clerk, or other person for the time being in charge of a regular place of business or activity of the Defendant organization who is not a plaintiff in the action *
- ☐ An agent authorized by the Defendant organization in writing to receive service of process for it who is not a plaintiff in the action *
- ☒ By handing a copy to the Defendant(s)
- ☐ By handing a copy at the residence of the Defendant(s) to an adult member of the family with whom he/she resides or to the adult person in charge of the residence because no adult family member was found *
- ☐ By handing a copy at the residence of the Defendant(s) to the clerk or manager of the hotel, inn, apartment house or other place of lodging at which he/she resides *
- ☐ By handing a copy at the office or usual place of business of the Defendant(s) to the Defendant's(s) agent or to the person for the time being in charge thereof *
- ☐ By posting a copy of the original process on the most public part of the property pursuant to an order of court

* Name: GAYLE THOMASRelationship/Title/Position: SELLER

Remarks: _____

Description: Approximate Age 64 Height 5'7" Weight 150 Race W Sex F Hair BRNDefendant was not served because: ☐ Moved ☐ Unknown ☐ No Answer ☐ Vacant☐ Other: _____

Service was attempted on the following dates/times:

1) 9/28/16 2) _____ 3) _____

Commonwealth/State of PENNSYLVANIA)
County of TIOGA) SS:
)

Before me, the undersigned notary public, this day, personally, appeared David M Slusser to me known, who being duly sworn according to law, deposes the following:

I hereby swear or affirm that the facts set forth in the foregoing Affidavit of Service are true and correct.

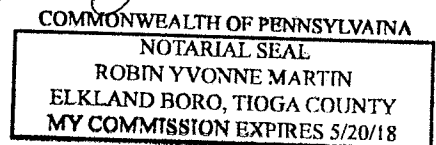
[Signature]
(Signature of Affiant)

File Number: USA-158564

Case ID #: 4706364

Subscribed and sworn to before me
this 29th day of September, 2016.

Robin Yvonne Martin
Notary Public



Civil Action No.: 4:16-CV-01405-MWB

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) GAYLE THOMAS
was received by me on (date) 9/26/16.

☒ I personally served the summons on the individual at (place) 1080 MAPLE ST
SABINSVILLE PA 16943 on (date) 9/29/16 7:55AM

☐ I left the summons at the individual's residence or usual place of abode with
(name) _____,
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify) :

My fees are \$ 55.00 for travel and \$ 22.68 for services, for a total of \$ 77.68.

I declare under penalty of perjury that this information is true.

9/29/16
Date

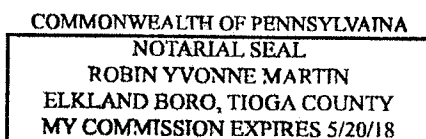
David M Slusser
Server's Signature

DAVID M SLUSSER
Printed name and title

563 BARBER HOLLOW RD TIOLA PA 16946
Server's Address

Additional information regarding attempted service, etc:

Suorn to me this 29th Day of September
David M Slusser.



Robin Yvonne Martin 09/29/16